

DEC 22 1941

State File No.

9267

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4903 Forest Park Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Georgetta Schroeder

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Schroeder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4 - 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 17 If less than one day
hr. min.

9. Birthplace Lebanon Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Feiber

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dora Pfeiffer

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Friedmann

(b) Address 5456 Holly Hills

17. (a) Burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem. Drehmann-Harrah

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 1905 Union Blvd

19. (a) NOV 22 1941 (b) J. F. Bredeck
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4903 Forest Park Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1941 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from 5/22/41
to 11/21 1941;
that I last saw her alive on 11/20 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death general carcinoma metastatic Duration 1 yr

Due to Carcinoma of gall bladder ?

Due to _____

Other conditions Hb
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of gall bladder

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury D

23. Signature James E. Bredeck (M. D. or other)

Address 4660 Maryland Date signed 11/22/41

Dr. Birdwell
4660 Maryland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Albert R. Thompson Jr.

Licensed Embalmer No. *4237*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.